

City Council
Len Torres, *President*
Fran Adelson, *Vice President*
Anthony Eramo
Eileen J. Goggin
Scott J. Mandel

City of Long Beach



City Manager
Jack Schnirman

Assistant Superintendent
of Parks & Recreation
Paul Ferrante

Parks & Recreation Department



Root to Rise Yoga

Basic instruction in yoga. All levels are welcome.
Stephanie Durso, Instructor

REGISTRATION: Long Beach Recreation Center
700 Magnolia Blvd.
431-3890

FEE: \$60.00 cash, credit card, checks or money orders
Checks or money orders made out to City of Long Beach.
No refunds – No exceptions

Registration opens on Thursday, August 6th

There are a limited number of spots available. The class will be filled on a first come, first serve basis.
No mail-in applications will be accepted.

Class dates: (Meet at Ranger Room at 8:45 am)

	September	October	November
Sunday	13 – 20 – 27	4 – 11 – 25	1 – 8

It is recommended that you bring your own yoga mat and water.

Fall 2015 Yoga

**Put Telephone # on check

NAME _____ SEX _____ AGE _____

STREET _____ CITY _____

PHONE _____ E-MAIL _____

FILL OUT MEDICAL INFORMATION ON BACK OF THIS FLYER

For Rec Use Only:

Receipt # _____ Amt Pd. _____ Date _____ Staff _____ Posted _____

EMERGENCY MEDICAL INFORMATION

(Please print clearly)

PLEASE COMPLETE THE FOLLOWING INFORMATION:

NAME _____ HOME PHONE # _____

AGE _____ SEX _____ BIRTH DATE _____

ADDRESS _____

CITY/STATE _____ ZIP _____

EMPLOYER _____ PHONE _____

IN AN EMERGENCY PLEASE NOTIFY:

NAME _____ PHONE _____

ADDRESS _____

RELATIONSHIP (to above) _____

1. HAS APPLICANT HAD ANY SERIOUS ILLNESS, INJURY OR OPERATION (if YES, give dates & explanations). _____

2. WILL APPLICANT BE TAKING ANY MEDICATION? (if YES, indicate types & effects). _____

3. DOES APPLICANT HAVE A PHYSICAL OR MENTAL DISABILITY ABOUT WHICH THE INSTRUCTOR NEEDS TO BE AWARE OF FOR INSTRUCTIONAL MODIFICATIONS OR EMERGENCY PURPOSES? (if YES, please explain:) _____

Participant's Signature

Date